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FEC FORM 3

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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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FEC FORM 3

(Revised 02/2003)

ADDRESS (number and street) Check if different then previously reported (ACC) Proported (ACC) 2. FEC IDENTIFICATION NUMBER CITY STATE STATE STATE STATE STATE STATE STATE STATE STATE CIP CODE STATE OLISTRICT OLIVE AMENDED AMENDED AMENDED APRIL 5 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (Q3) State of Election on State of Election on State of Funoff (30R) Special (30S) Termination Report (TER) Election on State of State	1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT	▼	Example: If typing over the lines.	, type	FEC MAI 2FE4M5	be Alek		
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Election on State of State of Covering Period Coverin					General (30G)		Runoff (30R)	Spec	ial (30S)	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date Date Date Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.		Termination Report	(TER)	Election	on/	D D / Y	~~~~~			
Type or Print Name of Treasurer To cob Winters Signature of Treasurer Date	5.	Covering Period	<u>"</u> '&"	2013	through	<u>C</u> (30 / 2	0 13		
Signature of Treasurer Date	$oldsymbol{1}$									
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	Type or Print Name of Treasurer JOCOD VVI NIETS									
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